

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035555

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 133

FILED OCT 14 1963

1. PLACE OF DEATH

a. COUNTY

Cooper

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY

Cooper

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)

Boonville

Length of stay in 1b

3 weeks

c. CITY

OR

TOWN

Pilot Grove

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

St. Joseph Hosp.

Inside Limits

Yes ☐ No ☐

d. STREET

ADDRESS (If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

JOSEPH ALBERT RYBAK

4. DATE

Month

Day

Year

DEATH

Oct

7, 1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-27-18

9. AGE (last birthday)

45

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

mechanic

10b. KIND OF BUSINESS OR INDUSTRY

same

11. BIRTHPLACE (City and state or country)

St. Louis, Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

Philip Rybak

13b. MOTHER'S MAIDEN NAME

Julia Waitak

14. NAME OF HUSBAND OR WIFE

Frances Rybak

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give no. or service)

yes World II

16. SOCIAL SECURITY NO.

291

17. INFORMANT

Address Mrs. Frances Rybak, Pilot Grove, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a).

acute myocardial infarction - recurrent

INTERVAL BETWEEN ONSET AND DEATH

3 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

arteriosclerotic heart disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-15-63 to 10-7-63 and last saw him alive on 10-6-63

Death occurred at 7:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

B. M. Stewart, M.D.

22b. ADDRESS

329 Main St. Boonville, Mo 64601

22c. DATE SIGNED

10/9/63

23a. BURIAL-CREATION, REMOVAL (Specify)

Burial

23b. DATE

10-9-63

23c. NAME OF CEMETERY OR CREMATORY

Pilot Grove Ceme

23d. LOCATION (City, town, or county)

Pilot Grove, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Hays - Painter, Pilot Grove, Mo

25. DATE RECD. BY LOCAL REG.

10/9/63

26. REGISTRAR'S SIGNATURE

D. H. Hooper

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59  
1 0275  
2 0270  
3  
4 0  
5 1  
6  
7 0  
8 2  
9 4200  
10  
11  
12 1-0  
13 1-0

OCT 15 1963

OCT 18 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Robert L. Painter*

Licensed Embalmer No. *4069*

P. O. Address

*Pilot Grove, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.